PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
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Food nurcuant to	the Concolidated Approx	Effective on 12/08/2004.					respond to a collection of information unless it displays a valid OMB control numbe Complete if Known				
FEE TRANSMITTAL For FY 2009						0/558,352-Conf. #6488					
				1 111113 = 1111		November 20, 2006					
						Stephan Helmut Hussmann					
						A. Amrany					
X Applicant claims small entity status. See 37 CFR 1.27			7 tit Offic		836						
TOTAL AMOUNT OF PAYMENT		(\$) 960.00	(\$) 960.00		Attorney Docket No. 20		20294/0203630-US0				
METHOD OF	PAYMENT (check	all that apply)	•								
Check	Credit Card	Money Order	No	ne Other (please identify):					
x Deposit Ac	count Deposit Account	Number: 04	-0100	Deposit A	Account Name:	Darby	& Darby l	P.C			
For the	above-identified depo	osit account, the D	irector is	hereby authorize	d to: (checl	k all that apply)					
хc	harge fee(s) indicated	d below		Charge	e fee(s) indi	icated below, ex	cept for t	he filing fee			
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCU	LATION										
1. BASIC FILIN	G, SEARCH, AND E		ES								
 		LING FEES Small Entity		ARCH FEES Small Entity		ATION FEES Small Entity					
Application To Utility	<u>ype </u>	165	Fee (\$) <u>Fee (\$)</u> 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	rees	Paid (\$)			
Design	220	110	100	50	140	70					
Plant	220	110	330	165		70 85					
Reissue		165		270	170 650		-				
1	330		540			325					
Provisional	220	110	0	0	0	0		0			
2. EXCESS CLAIM FEES Fee Description							Fee (\$)	Small Entity Fee (\$)			
Each claim over 20 (including Reissues)							52	26			
Each independent claim over 3 (including Reissues)							220	110			
Multiple dependent claims							390	195			
				ee Paid (\$)	Multiple Depen						
49 -51 or HP x =			Fee (\$)			Fee Paid (-				
HP = highest num	ber of total claims paid for	r, if greater than 20.									
Indep. Claims Extra Claims Fee (\$) Fe			ee Paid (\$)								
3 -3 or HP = x =											
HP = highest num	ber of independent claims	paid for, if greater that	an 3.								
3. APPLICATIO											
listings und	ation and drawings ender 37 CFR 1.52(e)), raction thereof. See 3	the application size	ze fee di	ie is \$270 (\$135 f				50			
Total Shee		```	` '	` '	tion thoroof	Fee (\$)	Foo	Paid (\$)			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) -100 = /50 = (round up to a whole number) x						<u>- 100</u>	Ταια (Ψ)				
4. OTHER FEE(S)							Fees Paid (\$)				
l .	Specification, \$13	0 fee (no small er	tity disc	ount)			1 000	147			
Other (e.g., late filing surcharge): 2253 Extension for response within third month 2801 Request for continued examination (RCE) (see 37							555.00 405.00				
SUBMITTED BY											
Signature				Registration No. (Attorney/Agent)	60,419	Telephone	(212) 52	27-7700			
Name (Print/Type)	Alexander D. Walter					Date [r 30. 2009			